

**Department of Industrial Relations  
Commission on Health and Safety and Workers' Compensation  
Division of Workers' Compensation**

Extend a Cordial Invitation to the

# California Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return-to-Work

Thursday and Friday  
**May 1 and 2, 2003**  
**University of California at Los Angeles**  
Faculty Center  
Los Angeles



**Registration Form** (May be photocopied as necessary; also available at [www.dir.ca.gov](http://www.dir.ca.gov))

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_ Ext. \_\_\_\_ Fax: \_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

☐ **Please indicate if auxiliary aids or specialized services are needed and attach a description of those needs.** (Special accommodations should be requested no later than Monday, March 3, 2003, to ensure sufficient time to make arrangements. Requests received after this date will be met when possible.)

**Fee: \$100.00 per participant** (Limited scholarships available)

**Payment:** (CHSWC Fed. Tax ID #: 94-3160882)

☐ **Check enclosed (payable to "California Research Colloquium")**  
(Payment must accompany registration by mail.  
We accept personal checks, money orders, cash or cashiers checks only.)

☐ **For email or fax registration only:**  
**Check to be mailed to CHSWC**  
(Payment must be received within 10 days of fax or email registration.)

## REGISTRATION:

### *By Mail*

California Commission on Health and  
Safety and Workers' Compensation  
455 Golden Gate Avenue, 10<sup>th</sup> Floor  
San Francisco, CA 94102

### *By Fax*

415-703-4234

### *By E-mail*

[CHSWC@hq.dir.ca.gov](mailto:CHSWC@hq.dir.ca.gov)

**Questions? Contact CHSWC**

**Phone** 415-703-4220

### PLEASE NOTE:

**REGISTRATION IS LIMITED!  
FIRST COME, FIRST SERVED!**

### Included in the Registration Fee

- Continuing Education Units
- Continental Breakfast & Lunch  
for both days